

means through which rehabilitation measures may be instituted, publicity in regard to such disabilities may have really served a good purpose.

For further comment on these matters, readers are referred to other articles in this issue.\*

### C. M. A. POSTGRADUATE ACTIVITIES

**Responsibilities of County Societies in After-Graduation Courses.**—In common with other state medical societies, the California Medical Association has endeavored to create increased interest in postgraduate courses, and the California Medical Association Committee on Postgraduate Activities has repeatedly sought the coöperation of component county societies in efforts to promote the institution of such after-graduation or refresher studies. An analysis of the results of the last few years shows that once a successful course has been put on, physicians of such a community or district are usually anxious to have similar presentations in succeeding months or years. Progress, therefore, has been made in providing an increasing opportunity for after-graduation work but not to an extent altogether gratifying to the California Medical Association Postgraduate Committee.

It must be conceded that every component county medical society has an obligation to its members, especially to those in general practice, to bring to them practical, helpful courses, at a minimum loss of time and expense to the physicians who take part. It is here, therefore, that the California Medical Association committee desires to be of service. However, to do its part in providing speakers, and in giving publicity and other aid, it must have, in each county, an active postgraduate committee, whose members, and especially whose chairman, may be relied upon to successfully make and carry through all necessary local arrangements.

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**An Active Local Committee of First Importance.**—Component county societies will again be approached the coming months with requests to appoint the needed committees, preferably with a staggering membership; for example, a committee of three members, one of whose terms would expire each year. In that way, the continuity of after-graduation courses could best be maintained from year to year. Once an efficient local committee is created, even if it be essentially a one-man committee, it may be wise to make no change. In some of the southern counties, where the work has been successfully carried on, this procedure is in vogue, and supervision has remained for several years with the same physicians.

At a recent meeting of the California Medical Association Committee on Postgraduate Activities, plans for a broad program for 1941-1942 were outlined. The four medical schools, the state and other health departments, county and private hospitals, and medical libraries are among the agencies whose coöperation will be solicited.

The one special and immediate need, however, as already stated, is the appointment of an active county society committee on postgraduate work. The central California Medical Association committee will then be in position to promote the attractive plans it has in mind. Practical courses on up-to-date medicine, to be made available to all physicians in both urban and rural districts, are what the state committee hopes to provide. All physicians interested should urge their county society officers to give serious thought to these matters; for an alert public desires the best to be had from scientific medicine.

**Other State Association and Component County Society News.**—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 95.

## EDITORIAL COMMENT†

### SHOULD RHEUMATIC HEART DISEASE BE REPORTABLE?\*

#### I

Rheumatic heart disease today accounts for 90 per cent of the heart disease among people under thirty, and the death rate is rising. There is a sound medical basis for believing the disease will require the same type of control as that which has steadily reduced the death rate of tuberculosis.

There is evidence that rheumatic infection is transmitted from person to person. The incidence of multiple cases in families equals that of tuberculosis. There have been epidemics reported in schools, colleges, military organizations; waves of rheumatic activity in cardiac hospitals are not infrequent.

The higher incidence of the disease among the lower economic groups in large cities indicates that, as in tuberculosis, better housing, provision of proper food and clothing, adequate medical care and other measures promoting child welfare can be expected to reduce the death rate.

However, any comprehensive preventive program must wait on the accumulation of adequate statistical data. We must know more about where, how and when the rheumatic disease appears. Such information can be obtained only if the disease is made reportable.

Physicians should be encouraged to report rheumatic heart disease deaths according to etiology. The International List of Causes of Death should

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

\* See also Letters Department, on page 109.

\* See pages 68, 70, 71, 74, 75, and 95.